MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37176

1. PLACE OF DEATH

County *Marion*

Township *Mason*

City *Hannibal* (No. *Levering Hospital* St. Ward)

Registration District No. *547*

Primary Registration District No. *3u7*

File No.

Registered No. *351*

2. FULL NAME *Thomas Jefferson Bramblett*

(a) Residence, No. *121 E Bird St* St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Maggie Bramblett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16, 1870*

7. AGE YEARS *63* MONTHS *4* DAYS *12* IF LESS than 1 day, ...hrs. or ......min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *no data Missouri*

13. NAME *John Bramblett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *no data Missouri*

15. MAIDEN NAME *Ellen Arly Michie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *no data Missouri*

17. INFORMANT *Mrs Maggie Bramblett (wife)*
(ADDRESS) *121 E Bird St. Hannibal, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Elmwood Cemetery Mexico, Mo.* DATE *Dec. 1, 1933*

19. UNDERTAKER *Wm M Smith*
(ADDRESS) *902 Bdwy Hannibal, Mo.*

20. FILED *Nov 7 1933* *(?) N Webster* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 28, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *October 16*, 1933, to *Nov 28*, 1933

I last saw h.. alive on *Nov 28*, 1933. Death is said to have occurred on the date stated above, at *8.45* p. m.

The principal cause of death and related causes of importance were as follows:

Inflammation & cavities in lungs probably Tuberculosis but T.B.c'd never be found.

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? *X Ray* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. S. Ross*, M. D.

(Address) *Hannibal, Mo.*